

Table of Contents

State/Territory Name: NV

State Plan Amendment (SPA) #: 26-0003

This file contains the following documents in the order

- listed:
- 1) Approval Letter
 - 2) CMS 179 Form/Summary Form (with 179-like data)
 - 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
230 South Dearborn Street
Chicago, Illinois 60604



Financial Management Group

May 28, 2026

Stacie Weeks, Administrator
Nevada Division of Health Care Financing and Policy
1210 S. Valley View, Suite 105
Las Vegas, NV 89702

RE: TN 26-0003

Dear Administrator Weeks:

We have reviewed the proposed Nevada State Plan Amendment (SPA) to Attachment 4.19-B NV-26-0003 which was submitted to the Centers for Medicare & Medicaid Services (CMS) on March 10, 2026. This SPA increases the rate for two substance use disorder service codes and updates the methodology reference for MAT for OUD services.

Based upon the information provided by the State, we have approved the amendment with an effective date of March 1, 2026. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Blake Holt at 303-844-6218 or blake.holt@cms.hhs.gov.

Sincerely,



Todd McMillion
Director
Division of Reimbursement Review

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER 2 6 — 0 0 0 3 2. STATE NV

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT XIX XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
March 1, 2026

5. FEDERAL STATUTE/REGULATION CITATION
State Plan Under Title XIX of the Social Security Act
1905(a)(13)(C) and 1905(a)(29)


6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2026 \$ 950,607
b. FFY 2027 \$ 1,265,015

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4.19-B Page 11 and page 3b

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 4.19-B Page 11 and page 3b

9. SUBJECT OF AMENDMENT
Provide rate increase for two HCPCs including clarifying language to correspond with the changes of SPA 25-0013.

10. GOVERNOR'S REVIEW (Check One)
 GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

11. SIGNATURE OF STATE AGENCY OFFICIAL


12. TYPED NAME
ANN JENSEN

13. TITLE
ADMINISTRATOR, NVHA/NEVADA MEDICAID

14. DATE SUBMITTED
March 10, 2026


15. RETURN TO
**Ann Jensen, Administrator
NVHA/Nevada Medicaid
4070 Silver Sage Drive
Carson City, NV 89701**

FOR CMS USE ONLY

16. DATE RECEIVED **March 10, 2026** 17. DATE APPROVED **May 28, 2026**

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
March 1, 2026

19. SIGNATURE OF APPROVING OFFICIAL


20. TYPED NAME OF APPROVING OFFICIAL
Todd McMillion

21. TITLE OF APPROVING OFFICIAL
Director, Division of Reimbursement Review

22. REMARKS
**4/31/26: State concurs with pen and ink change to Box 5.
5/1/26: State concurs with pen and ink change to Boxes 7 and 8.**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: NEVADA

Attachment 4.19-B

Page 3b

Rehabilitative Mental Health services: PROVIDED WITH LIMITATIONS:

1. Providers of Rehabilitative Mental Health services as described in 3.1-A:
 - A. Payment for Providers of Rehabilitative Mental Health services who do not undergo the Medicaid cost described in Section B below is the rate specified in the Nevada Medicaid Fee Schedule (Fee Schedule). The Division's Rehabilitative Mental Health services rates were set as of March 1, 2026 and are effective for services on or after that date. All rates can be found on the official Website of the Nevada Medicaid at <https://www.nevadamedicaid.nv.gov/resources/rates/fee-schedules/>.
 - i. Providers for Intensive Outpatient Program (IOP) and Partial Hospitalization Program (PHP) are reimbursed according to the market-based model developed to reflect service definitions, provider requirements, operational service delivery and administrative considerations. The following elements are used to determine the rate.
 1. Base Inputs
 - a. Wage Assumptions: Hourly wages are sourced from the U.S. Bureau of Labor Statistics (BLS), using occupations deemed comparable to services delivered under this program. Nevada-specific wage data from May 2004 is used and inflated to reflect costs as of June 2006.
 - b. Employee-Related Expenses (ERE): A flat 27% is added to wages to account for benefits including paid leave, health/life insurance, disability, workers' compensation, and mandatory payroll taxes. This percentage was derived from input by Task Force members and Medicaid staff.
 2. Operation Adjustments
 - a. Productivity Adjustment: Accounts for non-billable time (e.g., documentation, no-shows, travel).
 - b. Program Support: Includes administrative assistance costs (estimated at 4 hours/day).
 - c. Supervision: Reflects the cost of clinical oversight for service delivery.
 - d. Capital Costs: Covers facility-related expenses (rent, utilities, equipment leasing) not included in administrative overhead.
 3. Administrative Overhead
 - a. A 10% overhead rate is applied to the adjusted service cost. This accounts for management, admin staff, office supplies, and general operations. It excludes capital expenses and staff training.
 4. Rate Calculation Steps
 - a. Base Wage: Start with the hourly wage based on May 2004 Nevada BLS data, inflated to June 2006.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nevada

Attachment 4.19-B

Page 11

29. Medication-Assisted Treatment (MAT) as described in Supplement to Attachment 3.1-A(29) are reimbursed as follows:
- A. Counseling services and behavioral health therapies as part of the 1905(a)(29) mandatory MAT benefit for the treatment of OUD shall be reimbursed using the same methodology as described in Attachment 4.19-B Page 3b for covered outpatient services. Payment for codes 9000-99199 when billed as a 1905(a)(29) MAT service for treatment of OUD will be paid at the lower of billed charges or 63% of the 2014 Medicare non-facility rate.
 - B. Unbundled prescribed drugs dispensed or administered for MAT shall be reimbursed using the same methodology as described in Attachment 4.19-B page 3 and page 3 (continued) for covered outpatient drugs.